

# Clinical Data Submission

supporting

# Disability Claims



**Hans Buitendijk, M.Sc., FHL7**

*Director, Interoperability Strategy*

August 22, 2018

# Connecting health + care

**275+** connected information systems 

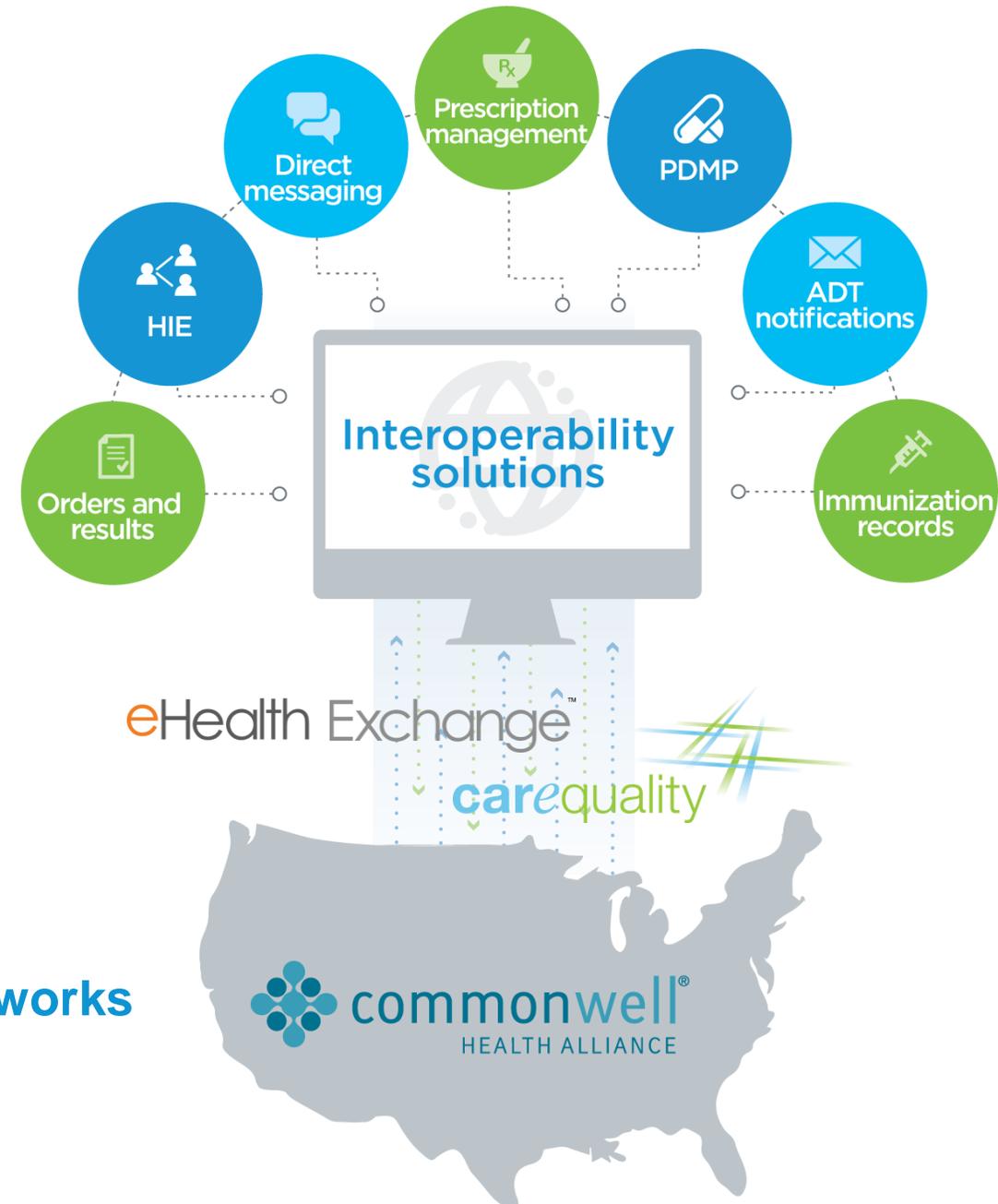
**586M+** transactions per month  
January-June 2018 average 

**80%** of connections are to non-Cerner EHRs as of June 2018 

**Five-time Top HIE supplier** for hospital networks

Source: Black Book State of the Enterprise HIE Industry Report 

\*Report not released in 2013

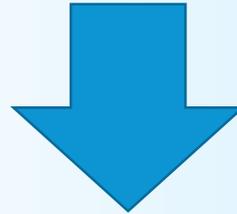


# Clinical Data Submission



**Claim (and Documentation) Submission**

**Request for Additional/Missing Documentation**



**Electronic Documentation Request**



eHealth Exchange™



**Aggregate Document  
(.ccda)**



**Document Set  
(.pdf, .ccda, ....)**

# Challenges

With all that, and others working hard to connect as well, there are still challenges:

- Inconsistent availability
- Inconsistent placement
- Various formats
- Sources range from Narrative => Structured => Encoded
- Consent management
- Patient Identification
- SSA allows for variations

# Suggestions

- Establish a single target to capture the majority of the relevant data
  - Build on the proposed CW/CQ/Argonaut/HL7 encounter templates using a document
  - Recognize variances in how much content, while minimizing variances in format, structure, encoding, narrative, and placement.
  - NLP has a role for un-structured/un-coded data
  - Encourage use of such a single template
- Transport
  - Document Exchange
    - IHE X.. family
    - FHIR based APIs for document queries
  - DIRECT
  - Data Exchange
    - FHIR based APIs for data queries/submissions
- Governance
  - (Continue to) Work jointly with the major national networks to achieve this.